



NOTICE OF TRANSFER OR DISCHARGE

State Form 49669 (R3/8-04)

Indiana State Department of Health-Division of Long Term Care

TO

DATE

You are being transferred or discharged from *(name of facility)*

You are being transferred or discharged because

The effective date of transfer or discharge is

You are being transferred or discharged to

APPEAL RIGHTS

You have the right to appeal the health facility's decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana State Department of Health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge, unless the facility is authorized to transfer you as an emergency transfer under 410 IAC 16.2-3.1-12(a)8. If you wish to appeal this transfer or discharge, a State Form 49831 to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana State Department of Health at 317/233-7442 between the hours of 8:15 am and 4:45 pm.

To appeal this transfer or discharge, use the attached State Form 49831 and mail it to:

INDIANA STATE DEPARTMENT OF HEALTH
LONG TERM CARE DIVISION
2 NORTH MERIDIAN STREET – SECTION 4-B
INDIANAPOLIS, INDIANA 46204

A nursing home must permit each resident to remain in the facility and may not transfer or discharge the resident unless:

1. The transfer or discharge is necessary to meet the resident's welfare and the resident's needs cannot be met in the facility.
2. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing facility.
3. The safety of the individuals in the facility is endangered.
4. The health of individuals in the facility would otherwise be endangered.
5. The resident has failed, after reasonable and appropriate notice, to pay or payment has not been made under Medicare/Medicaid for a stay at a nursing facility.
6. The facility ceases to operate.

You also have these rights regarding your discharge:

1. The right to discuss with the administrator the facility's decision.
2. Reasonable assistance from the nursing home in carrying out the transfer/discharge plan, including helping you contact other facilities and transferring your records when you leave.
3. A discharge planning conference with the nursing home.

The Ombudsman is a State Office that serves as an advocate for nursing home residents. The State long term care Ombudsman's address and telephone number is:

STATE OMBUDSMAN
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF DISABILITY, AGING AND REHABILITATIVE SERVICES
BUREAU OF AGING AND IN-HOME SERVICES
P.O. BOX 7083, 402 W. WASHINGTON ST.
IGC SOUTH, RM. W454
INDIANAPOLIS, IN 46207-7083
317/232-7134 OR TOLL FREE 1-800-622-4484

Your Local Ombudsman:

Name

Telephone number

Address

The Protection and Advocacy organization provides assistance if needed for residents who are mentally ill or developmentally disabled. Their address and telephone number is:

INDIANA PROTECTION AND ADVOCACY SERVICES
4701 NORTH KEYSTONE AVENUE, SUITE 222
INDIANAPOLIS, INDIANA 46205
VOICE 1-800/622-4845 OR 317/722-5555
TTY 1-800/838-1131; FAX 317/722-5564